



Australasian College for Emergency Medicine

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Department of Social Services
71 Athllon Drive
GREENWAY ACT 2900

Sent via: Online Submission

To Whom It May Concern,

The Australasian College for Emergency Medicine (ACEM; the College) welcomes the opportunity to provide its submission to the National Plan to End Violence against Women and Children (the National Plan).

ACEM is the peak body for emergency medicine in Australia and New Zealand and has a vital interest in ensuring the highest standards of emergency medical care for all patients. ACEM is responsible for ensuring the advancement of emergency medicine in Emergency Departments (EDs) across Australia and New Zealand, as well as the training of emergency physicians in these regions.

EDs are critical in identifying and responding to violence against women and children (VAWC). Approximately 38% of women who present to EDs have experienced physical abuse in their lifetime, and of those, approximately 12-14% have experienced that violence within the past 12 months.¹ However, ED figures are likely to under-report VAWC involvement in patient presentations.²

Screening for VAWC in EDs was one of the interventions identified in an evidence review commissioned by the NSW Ministry of Health on the best practice evidence for health service response to VAWC.³ Additionally, The Royal Commission into Family Violence in Victoria found frontline hospital staff are uniquely placed to identify and provide early support to victim-survivors of VAWC and their families.²

Pillar 1: Prevention

ACEM commends the National Plan on Pillar 1 for recognising the underlying social drivers of VAWC and developing prevention activities that work across society to address the attitudes, norms, practices, structures, systems, policies, and power imbalances that drive violence against women and children.

Pillar 2: Early Intervention

ACEM commends the National Plan on Pillar 2 for recognising early intervention identifies and supports individuals and families experiencing, or at risk of, gender-based violence, in order to stop violence from escalating, protect victim-survivors from harm and prevent violence from reoccurring. ACEM recognises and supports the commitment to population-level prevention initiatives with a focus on addressing the dominant and potentially harmful expressions of masculinity that drive violence against women and children.

Pillar 3: Response

ACEM strongly agrees with the National Plan that the response to VAWC must be survivor-centred, holistic, multi-sectoral and trauma-informed with local referral pathways which meet their diverse needs.

ACEM acknowledges that the healthcare system, and often the ED, is the first and preferred point of contact for victim-survivors of intimate partner violence when seeking assistance individually. As the ED is available for all people, 24/7 the ED is uniquely placed to respond to VAWC. ACEM recommends that ED physicians and other ED staff members be supported to recognise and respond to victim-survivors of VAWC through dedicated resources, time and education to support them to identify and respond to this issue.

ACEM believes that the National Plan fails to acknowledge that the ED operates 24/7 and across metropolitan, rural and regional Australia. This means that there must be accessible, 24/7 recovery services to which victim-survivors of VAWC can be referred by physicians, and across all of Australia. The services must also be tailorable to victim-survivors with each hospital having sufficient knowledge of local referral points.

The ED is a unique environment which is not replicated across the hospital system. However, ED physicians and other ED staff are at capacity and need to be supported by a whole of hospital response to VAWC. ACEM recommends that the National Plan builds capacity of ED physicians and other ED staff who work with victim-survivors of VAWC through ensuring that all hospital staff are trained to identify and respond to family violence. The National Plan may wish to consider implementing a social work model of care in the ED, and fund embedded social workers within the ED. This measure will allow the National Plan to build a whole of hospital model to identify and respond to VAWC. There must also be capacity building to support diverse groups including Aboriginal and Torres Strait Islander women, women with disability, women from regional and remote areas, women from migrant and refugee backgrounds, and LGBTIQ+ communities.

ACEM also recommends that the National Plan addresses VAWG for the healthcare workforce, which is predominantly female. Existing research has shown that 45% of female healthcare workers have experienced family violence.⁴ The National Plan should consider workplace policies and protocols, as health professionals are increasingly urged to work with patients who have experienced VAWC. ACEM recommends the National Plan include the need for workplace manager training, special leave provision, counselling services and other resources for staff.

Pillar 4: Recovery

ACEM commends the National Plan on Pillar 4 for recognising that recovery of victim-survivors of VAWC should be trauma-informed and person-centred care. This care must be respectful of, and responsive to, the preferences, needs and values of victim-survivors and minimise the risks of re-traumatisation.

Recommendations

The National Plan should include:

1. The development and implementation of support and recovery services for victim-survivors that are available 24/7 across Australia.
2. The coordination of the development of a violence against women and children learning agenda for emergency physicians and other emergency department staff to assist in identifying and responding to violence against women and children.
3. The coordination of the development of a violence against women and children learning agenda for all staff across the hospital system to provide a holistic whole of hospital approach to identifying and responding to violence against women and children.
4. Embedding of a specialist social worker within the emergency department to respond to victim-survivors of violence against women and children.
5. Preparing hospitals to support their staff that may be personally or professionally affected by VAWC through workplace manager training, special leave provision, counselling services and other resources as identified by the healthcare service or individual affected.

For more information

ACEM would like to thank the Department for the opportunity to provide feedback on the draft National Plan to End Violence against Women and Children. Should you require clarification or further information, please do not hesitate to contact Jesse Dean, General Manager Policy and Regional Engagement (e: jesse.dean@acem.org.au; m: 0423 251 383).

Yours sincerely



Dr Clare Skinner
ACEM President

References

1. Hall, T (2020). Submission to the House of Representatives Standing Committee on Social Policy and Legal Affairs Inquiry into Family, Domestic and Sexual Violence. St Vincent's Health Australia, Woolloomooloo, NSW, Australia.
2. State of Victoria, Royal Commission into Family Violence: Summary and recommendations, Parl Paper No 132 (2014–16).
3. Spangaro, J & Ruane, J (2014). Health Interventions for Family and Domestic Violence: A Literature Review, NSW Kids and Families.
4. McLindon, E., Humphreys, C. & Hegarty, K. "It happens to clinicians too": an Australian prevalence study of intimate partner and family violence against health professionals. *BMC Women's Health* 18, 113 (2018) <<https://doi.org/10.1186/s12905-018-0588-y>>.